



STATE OF WASHINGTON

DEPARTMENT OF AGRICULTURE

P.O. Box 42560 • Olympia, Washington 98504-2560 • (360) 902-1800

Application for Organic Food Producer Certification

Applications must be received at least 90 days prior to harvest of the organic or transitional crops. The entire producer certification process takes a minimum of 90 days.

To apply for organic certification, complete the enclosed forms and mail them to the Washington State Department of Agriculture (WSDA) along with the appropriate application fee, and an acceptable map. **Faxed applications will not be accepted.**

1. Certification Fees

This explains the various fees that are required for certification. It includes information on the fees that are required to be submitted with the application and any additional fees that may be billed at a later date.

2. Application Fee

Your application fee is based on your estimated calendar year sales of organic food. In order to determine your application fee you will need to estimate the value of the organic crops that you will be producing. Once you have determined your estimated sales, refer to the fee schedule to calculate the application fee. In addition to the application fee, there is a \$100 non-refundable new applicant fee. For more information about fees, please refer to the Certification Fees information sheet included in this packet.

3. Sites

A "site" is the land that is being certified. A site is a designated farm, field, orchard, block, pasture, paddock, garden, circle, plot or other contiguous area under the same management (e.g., organic or transitional). A site may contain multiple crops and consist of multiple fields or blocks as long as these fields or blocks are adjacent. Fields that are across a road from each other may be considered one site. Fields that are in separate locations with intervening land are considered separate sites.

4. Site Information Form

The Site Information Form provides details on the crops being produced, the surrounding land use, type of maps required and the farming history of the site. Separate forms need to be completed if the sites are not adjacent to each other. Make copies of this form if you have more than one site.

5. Organic Production System Plan

Organic Production System Plans are required under the National Organic Program. The plan summarizes your organic production practices and helps expedite the certification process.



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CERTIFICATION FEES

1. Application Fee

NOTE: *Application fees must be included with the application when it is submitted.*

New Applicants

- Application fees are based on an estimate of the current calendar year's gross sales of organic food. (DO NOT include sales of transitional food in the estimated total of the current calendar year's gross sales when figuring your application fee.) Please reference the fee schedule found on the application for the fee category that your estimated gross sales fit into. For instance, gross sales of \$16,000 is in the \$15,001 - \$20,000 fee category and the application fee is \$225.
- **"New Applicant" Fee** - A non-refundable \$100.00 "new applicant" fee must also be submitted.

Renewal Applicants

- Application fees are based on the previous calendar year's gross sales of organic food. (DO NOT include sales of transitional food in the total of the previous calendar years gross sales when figuring your application fee.) Please reference the fee schedule found on the application for the fee category that your gross sales fit into. For instance, gross sales of \$16,000 is in the \$15,001 - \$20,000 fee category and the application fee is \$225.
- **Late Fee** - Renewal applications that are postmarked after March 1st of each year must pay a \$75 late fee in addition to the application fee.

ADDITIONAL FEES

NOTE: *You will be billed for the additional fees outlined below, as they pertain to you, after your application is submitted to the Organic Food Program.*

2. Site Fee

New Applicants

New applicants that are seeking certification for more than one site must pay a \$50 site fee for each additional site.

Renewal Applicants

Renewal applicants that are adding additional sites must pay a \$50 fee for each additional site.

3. Transitional Acreage Fee

A \$5 per acre fee is charged for transitional certification.

4. Export Certificate Fee

Applicants who export products to Europe, Japan, or elsewhere may need a certificate of inspection. Certificates of inspection are \$40 each.

5. Out of State Inspection Fee

Applicants that are located out of Washington State are charged an inspection fee at the rate of \$40 per hour plus transportation costs.

6. Additional Inspection Fees

The current fee schedule provides for one inspection each year within the state of Washington. If additional inspections are required to determine compliance with the National Organic Standards or are requested to verify compliance with foreign market requirements, an additional inspection fee at the rate of \$40 per hour plus transportation costs.



APPLICATION ORGANIC FOOD PRODUCER CERTIFICATION

4102

NOTE: The entire certification process takes approximately 90-120 days.

CONTACT PERSON(S)		
BUSINESS OR FARM NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER (e.g. CELL PHONE)
FAX NUMBER		EMAIL ADDRESS
COUNTY WHERE FARM IS LOCATED		FARM MANAGER (IF DIFFERENT FROM THE APPLICANT)

Application Fees

Gross Sales		Annual Fee	Gross Sales		Annual Fee	Gross Sales		Annual Fee
\$ 0-	\$15,000	\$200	\$ 65,001-	\$ 80,000	\$ 835	\$280,001-	\$ 325,000	\$2,050
\$15,001-	\$20,000	\$225	\$ 80,001-	\$100,000	\$1,000	\$325,001-	\$ 375,000	\$2,200
\$20,001-	\$25,000	\$280	\$100,001-	\$125,000	\$1,150	\$375,001-	\$ 425,000	\$2,450
\$25,001-	\$30,000	\$335	\$125,001-	\$150,000	\$1,300	\$425,001-	\$ 500,000	\$2,700
\$30,001-	\$35,000	\$390	\$150,001-	\$175,000	\$1,450	\$500,001-	\$ 750,000	\$3,000
\$35,001-	\$42,500	\$470	\$175,001-	\$200,000	\$1,600	\$750,001-	\$7,000,000	\$2,200
\$42,501-	\$50,000	\$560	\$200,001-	\$240,000	\$1,750	...plus 0.11% of gross organic sales		
\$50,001-	\$65,000	\$670	\$240,001-	\$280,000	\$1,900	Over \$7,000,000		
								\$10,000

Application fees are based on an estimate of the current calendar year's gross sales of organic food plus a \$100 New Applicant fee. Please find your fee in the table above that corresponds to the estimated sales of organic food. Please reference the Certification Fees document for more information regarding fees.

Estimated calendar year gross sales of organic food. \$ _____
--

Application Fee:	_____
+ "New Applicant" Fee (non-refundable)	\$100
= Total Fee Enclosed	_____

Agreement [The person signing the application must be authorized to represent the firm.]

I (We) [Business Name] _____ will fully comply with the statute and rules for the production of organic food and/or transitional food on the site locations specified on the Site Information Form(s).

Signature of Representative _____ **Date** _____

Print Name _____ **Title** _____

SEND APPLICATION AND FEE TO: Washington State Dept of Agriculture PO Box 42591 Olympia WA 98504-2591	Checks returned by the bank will be charged a handling fee of \$25.00 (RCW 62A.3.51(a) and 62A.3.520) Note: All business related information submitted or collected is confidential and exempt from public inspection and copying (RCW 15.86.110)
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SITE INFORMATION

Washington State Department of Agriculture
Organic Food Program

Applicant Name: _____

Certification Number: _____

Farm Name: _____

County: _____

GENERAL INFORMATION

Site number: (Office Use Only)	
-----------------------------------	--

What is the purpose of the Site Information form?

The site information form serves several purposes. First, by correctly completing the form, crop data found on your Organic Food Producer Certificate will be accurately represented. Second, the information found on the site information form is used by the Organic Food Program staff to track statistical data pertaining to organic and transitional crops in the state. Finally, information gathered by these forms allows the Organic Food Program to better provide market information to potential buyers of Washington grown organic food products.

What is a site?

A site is a designated farm, field, orchard, block, pasture, paddock, garden, circle, plot, or other contiguous area under the same management (e.g., organic or transitional). A site may contain multiple crops and consist of multiple fields or blocks as long as these fields or blocks are next to each other. Fields that are in separate locations with intervening non-organic land are considered separate sites. **You must complete separate forms for each site that you are seeking to certify. Please make copies of this form as needed.**

FEE INFORMATION

Site Fee

If you are adding an additional site to your application, you will be billed a site fee of \$50.00.

Transitional Acreage Fee

Acres in transitional status are billed a transitional acreage fee of \$5.00 per acre.

SITE INFORMATION

Complete the following information as it pertains to the site for which you are seeking certification.

<u>Name of Site</u> (ie., farm, block, or ranch name if applicable)	<u>Location of Site</u> (must be specific such as address if applicable, or parcel number, or township, section, range)	<u>Acres of Site</u> (exclude non-agr. land such as a home site.)

DIRECTIONS TO THE SITE

Provide detailed directions to the site for which you are seeking certification from the nearest town or highway: _____

**SITE HISTORY****INSTRUCTIONS**

This form gathers information about the site that you are seeking to certify.

- Use one form for each site. Make copies of this form if you are seeking to certify more than one site.
- If you are applying for certification on fields that are adjacent to one another, this is considered one site.
- Sites may contain multiple crops and multiple fields.
- If you are applying for fields that are in separate locations, you must complete a separate site information form for each field.
- If fields are in different years of transition (organic practices started at different times), you must complete a separate site information form for each field.

1. Do you own the land? ☐ Yes ☐ No

If "No," who is the owner of the land? _____

2. How long have you managed this site? _____

3. If you have managed the site for less than three years, please list the name of the previous owner(s)/manager(s)*.

**The previous land owner(s)/manager(s) must complete the Last Prohibited Material Applied Declaration on page 5 of this form.*

4. Do you own or manage any conventional sites adjacent to this site? ☐ Yes ☐ No
5. Is there a risk of pesticide drift from neighboring farms? ☐ Yes ☐ No

If "Yes," which borders are at risk? _____

6. Have you notified your neighbors that this site is in organic production? ☐ Yes ☐ No

7. **MATERIAL APPLICATION RECORDS**

Please list all materials that have been applied to this site in the last 36 months, or submit complete material application records for this period. Records must contain the information indicated in the table below. This list or record must contain all materials applied to this site including fertilizers, rodent control, soil amendments and foliar spray materials. (Copy this page as needed for additional records or attach material applications records.)

Date Material applied	Crop or status of site (e.g. Fallow)	Product Name (e.g. Guthion, calcium nitrate, Albion Calcium Metalosate)	Type of material (e.g. fertilizer, foliar spray, pesticide)



SITE INFORMATION

Washington State Department of Agriculture
Organic Food Program

8. CROP AND ACREAGE INFORMATION

- A. The Crop and Acreage information is used to print your Organic Food Producer Certificate. Please be as accurate as possible.
- B. Please provide the crop category, variety and acreage for this site in the table below.
- C. Acreage must be rounded to the nearest acre.

Please use one of the following crop categories when completing the table below: Apples, Berries, Grapes, Grains & Dry Beans, Hay, Herbs, Other, Pasture, Pears, Stone Fruit, or Vegetables.

Crop Category	Crop Variety	Acreage
Example: Apples	Gala	2
Example: Other	Mushrooms – Maitake	N/A
Example: Vegetables	Sweet Corn	50

9. Do you grow any of the above listed crops conventionally? ☐ Yes ☐ No
- On this site? ☐ Yes ☐ No

If "Yes," please list which crops. _____



SITE INFORMATION

Washington State Department of Agriculture
Organic Food Program

10. Did you enclose a map of the site that conforms to the following requirements? ☐ Yes ☐ No

MAP REQUIREMENTS FOR ORGANIC AND TRANSITIONAL SITES

Your map must provide all of the information listed below.

Maps are acceptable from the following sources:

1. Hand Drawn Maps. (Hand drawn maps are only acceptable if they are neat, legible, and representative of the site.)
2. County Assessor's Office or planning department.
3. Surveyor map.
4. Computer generated Geographic Information System (GIS) maps.
5. Agricultural crop consultants.

Your map needs to meet all of the following requirements:

1. Accurately show the borders of the site by delineating the shape and size of the parcel.
2. Clearly represent what separates the subject site from other land use such as roads, canals, fences, and open land.
3. Indicate adjacent land that is not under your management.
4. Be clearly and accurately *labeled* to show adjacent land use (e.g. orchard, pasture, fallow, residential, or land not previously cultivated or altered), public roads, driveways, farm access roads, canals, creeks, and other bodies of water.

All maps must be no larger than 8 1/2" by 11".

ORGANIC LIVESTOCK

11. Do you want to certify organic livestock? ☐ Yes ☐ No

If "Yes", separate forms will be mailed to you for organic livestock production.



SITE INFORMATION

Washington State Department of Agriculture
Organic Food Program

Last Prohibited Material Applied Declaration

This form must be completed by the previous land owner(s)/manager(s) of this site.

APPLICANT NAME	CERTIFICATION NO.	SITE NO.	NAME OF SITE
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PREVIOUS LAND MANAGER NAME		
PREVIOUS LAND MANAGER MAILING ADDRESS		
CITY	STATE	ZIP
PREVIOUS LAND MANAGER PHONE NUMBER		PREVIOUS LAND MANAGER ALTERNATE PHONE NUMBER

Have synthetic fertilizers been applied in the last 36 months? ☐ Yes ☐ No

Have synthetic insecticides been applied in the last 36 months? ☐ Yes ☐ No

Have synthetic herbicides been applied in the last 36 months? ☐ Yes ☐ No

Complete the table below or submit your complete material applications records for this period that you already have, including fertilizers.

Please list all materials that have been applied to this site in the last 36 months. This list should <u>include fertilizers</u> as well as all the other material inputs. Please attach additional records as necessary.			
Date material applied	Crop or status of site (e.g. Fallow)	Product name (e.g. Guthion, calcium nitrate, Albion Calcium Metalosate)	Type of material (e.g. fertilizer, foliar spray, pesticide)

I certify that the information listed above is correct with regards to the management of the property located at

Signature of Previous Owner/Manager

Date

Print Name of Previous Owner/Manager



ORGANIC PRODUCTION SYSTEM PLAN

NAME: _____

COUNTY: _____

FARM NAME: _____

GENERAL INFORMATION

Year farm began: _____

New Applicant: ☐ Yes ☐ No If no, year first certified: _____

Name of person overseeing organic production: _____

Has your business applied for certification previously? ☐ Yes ☐ No

If yes, list the certification agency, the year the application was made, and the outcome of the application:

List current organic certification by other agencies: _____

Have you ever been denied certification? ☐ Yes ☐ No

If yes, please describe the circumstances: _____

SEEDS [NOP 205.204]

☐ N/A (Not Applicable) Seeds not used in production system (e.g. perennial crop)

The National Organic Program requires the use of organically grown seeds, unless the variety is not commercially available. The National Organic Program also prohibits the use of synthetic seed treatments. You must have records of your attempts to source organic seed if you are using non-organic seeds. Please save all seed and inoculant labels, seed catalogs and other records that will demonstrate that you are in compliance with the organic seed/commercial availability requirements.

List all the seeds used in organic crop production. Attach additional sheets of paper if necessary.

Seed/Variety	Organic (✓)	Untreated (✓)	Treated (✓)	Type of Treatment



ORGANIC PRODUCTION SYSTEM PLAN

SEED/VARIETY	Organic (✓)	Untreated (✓)	Treated (✓)	TYPE OF TREATMENT

List your seed suppliers.

Seed Supplier/Company	Location: City, State

Do your seed suppliers have organic seeds available? ☐ Yes ☐ No

If yes, have you requested organic seeds? ☐ Yes ☐ No

If no, please describe why organic seeds were not commercially available.

☐ Organic seeds are not an equivalent variety ☐ Organic seeds not available in commercial quantities

☐ Other _____

Are any of the seeds treated? ☐ Yes ☐ No

If yes, be sure to list treatment in the chart above.

NOTE: Under the National Organic Program synthetic seed treatments are prohibited.

ANNUAL TRANSPLANTS AND SEEDLINGS [NOP 205.204]

NOTE: Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for at least one year prior to harvest or sale of the plant as certified organic planting stock.

Do you purchase annual transplants? ☐ Yes ☐ No

If yes, who is the supplier? _____ Are they organic? ☐ Yes ☐ No

If yes, certified by which agency? _____

Do you produce annual transplants on-farm? ☐ Yes ☐ No

If yes, what ingredients are in your soil mix? _____

What fertility products, foliar sprays, or other inputs do you use on your transplants and seedlings? _____



ORGANIC PRODUCTION SYSTEM PLAN

SOIL FERTILITY AND CROP NUTRIENT MANAGEMENT [NOP 205.203, 205.205]

NOTE: Under the NOP, producers must select and implement tillage and cultivation practices that maintain or improve the physical, chemical and biological condition of the soil and minimize soil erosion.

Check the type cultivation practices used.

- | | | |
|---|---|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Soil inoculates | <input type="checkbox"/> Incorporation of crop residues |
| <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Summer fallow | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rock minerals | <input type="checkbox"/> Animal manure | |
| <input type="checkbox"/> Lime | <input type="checkbox"/> Green manure | |
| <input type="checkbox"/> Foliar fertilizers | <input type="checkbox"/> Subsoiling | |
| <input type="checkbox"/> Compost | <input type="checkbox"/> Leguminous crops | |

Check type of tillage practices used.

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> No-till | <input type="checkbox"/> Subsoiling | <input type="checkbox"/> Moisture monitoring prior to tillage |
| <input type="checkbox"/> Minimum till | <input type="checkbox"/> Permanent cover | |
| <input type="checkbox"/> Shallow till | <input type="checkbox"/> Contour farming or tillage | |
| <input type="checkbox"/> Other _____ | | |

Check type of tillage equipment used.

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chisel plow | <input type="checkbox"/> Moldboard plow | <input type="checkbox"/> Spader |
| <input type="checkbox"/> Disk | <input type="checkbox"/> Rotovator | <input type="checkbox"/> Weed badger |
| <input type="checkbox"/> Rototiller | <input type="checkbox"/> Cultivator | |
| <input type="checkbox"/> Harrow | <input type="checkbox"/> Grape hoe | |
| <input type="checkbox"/> Other _____ | | |

List your soil types. _____

List your soil nutrient deficiencies. _____

Are you experiencing any problems with soil alkalization, erosion, compaction or acidification?

☐ Yes ☐ No

If yes, please describe. _____

Do you plan to use sodium nitrate? ☐ Yes ☐ No

The NOP allows up to 20% of total actual pounds N from sodium nitrate.

Describe your plans to improve or maintain soil quality. _____



ORGANIC PRODUCTION SYSTEM PLAN

Rate the effectiveness of your soil fertility management program.

☐ Excellent ☐ Satisfactory ☐ Needs improvement

Check how you monitor the effectiveness of your fertility management program.

☐ Soil testing ☐ Observation of soil ☐ Crop quality testing
☐ Microbiological testing ☐ Observation of crop health ☐ Other _____
☐ Plant tissue testing ☐ Comparison of crop yields

How often do you take these tests or make these observations? _____

CROP ROTATION [NOP 205.205]

For annual crops, please describe your crop rotation plan. _____

Cover Crops

Annual crops:

List the cover crops that you use. _____

Orchards and other perennial crops:

Describe the ground cover and any cover crops that you use. _____

List the fertilizers, manure, compost, foliar nutrients, growth regulators, crop production aids and soil amendments that you plan to use this year.

Name of material (be specific)	Name of material (be specific)	Name of material (be specific)
1.	8.	15.
2.	9.	16.
3.	10.	17.
4.	11.	18.
5.	12.	19.
6.	13.	20.
7.	14.	21.
22.	23.	24.
25.	26.	27.



ORGANIC PRODUCTION SYSTEM PLAN

MANURE USE

[NOP 205.203 (c)(1)]

NOTE: Under the NOP, the producer must not apply raw, aged, or liquid manure within 120 days of harvest of a crop which has contact with the soil or within 90 days of the harvest of a crop which does not have contact with the soil surface or soil particles.

What forms of animal manure do you apply? ☐ None ☐ Raw ☐ Aged ☐ Liquid ☐ Composted

If you use raw, aged, or liquid animal manure, what date(s) do you plan to apply the raw, aged, or liquid manure? _____

Do you apply raw, aged, or liquid manure within 90 days of harvest? ☐ Yes ☐ No

Do any of your crops have direct contact with the soil? ☐ Yes ☐ No

If yes, do you apply raw, aged, or liquid manure within 120 days of harvest? ☐ Yes ☐ No

COMPOST

[NOP 205.203(c)(2)]

Do you make compost? ☐ Yes ☐ No

If yes, list all compost ingredients/feedstocks/additives. _____

What compost method do you use?

☐ In-vessel ☐ Static aerated pile ☐ Windrow ☐ Other _____

What temperatures were recorded? _____

How long were these temperatures maintained? _____

NATURAL RESOURCES

NOTE: NOP 205.200 requires that production practices must maintain or improve the natural resources of the operation, including soil and water quality

Check which methods you use to manage your natural resources.

☐ WSDA Organic Production System Plan ☐ Holistic Resource Management
☐ NRCS Farm Plan ☐ Farm plan or resource management plan
☐ Conservation District Farm Plan ☐ Other _____

Check which natural resources are included in your production plan.

☐ Water quality ☐ Air quality ☐ Wooded lands
☐ Water quantity ☐ Soil erosion ☐ Soil contamination
☐ Wetlands ☐ Biodiversity ☐ Other _____



ORGANIC PRODUCTION SYSTEM PLAN

Check which resource conservation practices you are implementing? ☐ None

- | | | |
|--|---|--|
| <input type="checkbox"/> Riparian buffers | <input type="checkbox"/> Winter cover crops | <input type="checkbox"/> Conservation tillage |
| <input type="checkbox"/> Nutrient budgeting | <input type="checkbox"/> Stubble retention | <input type="checkbox"/> Seasonal application of manure
and other nutrients |
| <input type="checkbox"/> Maintain wildlife habitat | <input type="checkbox"/> Composting of manure | <input type="checkbox"/> Replacement of furrow irrigation |
| <input type="checkbox"/> Windbreaks | <input type="checkbox"/> Strip farming | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Permanent cover crops | <input type="checkbox"/> Interplanting | |

WATER

Check the ways that water is utilized on your farm. ☐ None

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Foliar sprays | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Washing crops | <input type="checkbox"/> Other _____ |

Check the source of water.

- | | | |
|--|---|--|
| <input type="checkbox"/> Spring | <input type="checkbox"/> River/creek/pond | <input type="checkbox"/> Irrigation district |
| <input type="checkbox"/> On-site well(s) | <input type="checkbox"/> Municipal/county | <input type="checkbox"/> Other _____ |

Name of municipal/irrigation district. _____

Check the type of irrigation system. ☐ None

- | | | |
|---------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Drip | <input type="checkbox"/> Center pivot | <input type="checkbox"/> Solid set |
| <input type="checkbox"/> Furrow | <input type="checkbox"/> Wheel line | <input type="checkbox"/> Other _____ |

What input products are applied through the irrigation system? ☐ None

What products do you use to clean irrigation lines/nozzles? ☐ None

Check which practices are used to conserve water usage.

- | | |
|---|---|
| <input type="checkbox"/> Micro-sprinklers | <input type="checkbox"/> Scheduled use of water to conserve its use |
| <input type="checkbox"/> Drip irrigation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tensiometer/monitoring | |

List known contaminants in water supplies in your area. _____

Describe your efforts to minimize the water contamination problems listed above. _____

WEED, PEST, and DISEASE PRACTICE MANAGEMENT PRACTICE STANDARDS

NOTE: Under NOP 205.206, the producer must use management practices to prevent crop weeds, pest and diseases. If preventive methods are not adequate, physical, mechanical methods, or application of approved materials may be used in accordance with NOP 205.206(b) through 205.206(e).



ORGANIC PRODUCTION SYSTEM PLAN

WEED MANAGEMENT PLAN

Check which weed control methods you use or plan to use in your transitional and organic sites?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Prevention of weed seed set | <input type="checkbox"/> Cover crops |
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Mechanical cultivation | <input type="checkbox"/> Corn gluten |
| <input type="checkbox"/> Field preparation | <input type="checkbox"/> Plastic mulch | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Soil sterilization | <input type="checkbox"/> Natural mulch | |
| <input type="checkbox"/> Hand weeding | <input type="checkbox"/> Flame weeding | |

Do you keep a record of how often you utilize these weed control methods, i.e., dates and fields when you cultivate or flame weed a specific field? ☐ Yes ☐ No

Rate the effectiveness of your weed management program.

- ☐ Excellent ☐ Satisfactory ☐ Needs improvement

How do you monitor the effectiveness of your weed management program?

- | | |
|---|--|
| <input type="checkbox"/> Weed counts | <input type="checkbox"/> Comparison of crop yields |
| <input type="checkbox"/> Observation of weeds | <input type="checkbox"/> Records kept of observations/counts |
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Other _____ |

How often do you monitor? _____

PEST MANAGEMENT PLAN

What pests or potential pest do you plan to manage?

- ☐ Rodents ☐ Gophers ☐ Birds ☐ Insects ☐ Other _____

List your pest control consultant: _____ Phone Number: _____

Check which strategies you use to control crop pests.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Release of beneficials | <input type="checkbox"/> Companion planting |
| <input type="checkbox"/> Traps | <input type="checkbox"/> Beneficial habitat | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Bird houses |
| <input type="checkbox"/> Frog ponds | <input type="checkbox"/> Physical barriers | <input type="checkbox"/> Trap crops | <input type="checkbox"/> Mating disruption |
| <input type="checkbox"/> Bat houses | <input type="checkbox"/> Timing of planting | <input type="checkbox"/> Physical removal | |
| <input type="checkbox"/> Other _____ | | | |

Do you maintain habitat for beneficial insects? ☐ Yes ☐ No If yes, how? _____

Rate the effectiveness of your pest management program.

- ☐ Excellent ☐ Satisfactory ☐ Needs improvement

Check how you monitor the effectiveness of your pest management program.

- | | |
|---|--|
| <input type="checkbox"/> Pheromone monitoring traps | <input type="checkbox"/> Comparison of crop yields |
| <input type="checkbox"/> Visual observation of insect activity/damage | <input type="checkbox"/> Other _____ |

How often do you monitor? _____

Describe the pest management inputs you plan to use on your farm. ☐ N/A (Not Applicable)



ORGANIC PRODUCTION SYSTEM PLAN

Name of material	What crop?	Reason for use

DISEASE MANAGEMENT PLAN

List the diseases you manage: _____

What disease prevention strategies do you use?

- | | | |
|--|---|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Plant spacing | <input type="checkbox"/> Compost/tea use |
| <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Companion planting | <input type="checkbox"/> Field sanitation |
| <input type="checkbox"/> Vector management | <input type="checkbox"/> Soil balancing | <input type="checkbox"/> Timing of planting/cultivating |
| <input type="checkbox"/> Other _____ | | |

Rate the effectiveness of your disease management program.

- ☐ Excellent ☐ Satisfactory ☐ Needs improvement

Check how you monitor the effectiveness of your disease management program.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Crop quality |
| <input type="checkbox"/> Comparison of crop yields | <input type="checkbox"/> Other _____ |

How often do you monitor for disease? _____



ORGANIC PRODUCTION SYSTEM PLAN

Describe the disease management inputs you plan to use on your farm. ☐ N/A (Not Applicable)

Name of material	What crop?	Reason for use

SPLIT AND PARALLEL PRODUCTION

Which categories of crops are grown? ☐ Organic ☐ Transitional ☐ Conventional

% Organic _____ % Transitional _____ % Conventional _____

List all crop varieties that are grown in two or more categories, and whether they are organic, transitional, or conventional.

Crop variety	Organic	Transitional	Conventional

Is your spray equipment used to apply materials that are prohibited in organic practices? ☐ Yes ☐ No

If yes, describe the clean out procedures that you use to ensure organic crops are not contaminated with prohibited materials. _____

HARVEST AND STORAGE

How are the organic crops harvested?

☐ Mechanical ☐ By hand ☐ Other _____

If crops are mechanically harvested, is equipment cleaned prior to harvest? ☐ Yes ☐ No



ORGANIC PRODUCTION SYSTEM PLAN

If Yes, is this documented? ☐ Yes ☐ No

If crops are harvested by hand, what containers are used?

- ☐ Bins ☐ Cardboard/waxed boxes
☐ Plastic containers ☐ Other _____

Are containers treated? ☐ Yes ☐ No _____

If yes, list treatments. _____

Are the containers new? ☐ Yes ☐ No

If no, are the containers used for organic/transitional crops only? ☐ Yes ☐ No

If no, are the containers cleaned prior to harvest? ☐ Yes ☐ No

Are the containers labeled as organic?

☐ Yes ☐ No ☐ N/A (Not Applicable), bulk containers, all sales consumer direct. (farmers, market, csa)

Is the organic crop stored on farm? ☐ Yes ☐ No

If yes, please describe storage facility. _____

Is the organic crop processed on farm? ☐ Yes ☐ No

If yes, please describe processing. _____

ADJOINING LAND USE

NOTE: Organic and transitional crops produced in proximity to the aerial or airblast application of prohibited materials are considered borders at risk.

Are there any "borders at risk" on any of the sites? ☐ Yes ☐ No

If yes, check which parties pose a risk.

- ☐ Neighbors ☐ Irrigation districts ☐ Road departments
☐ Utility companies ☐ Aerial spray companies ☐ Other _____

Have adequate buffers been established surrounding all organic/transitional sites? ☐ Yes ☐ No

MARKETING

Check all marketing practices used.

- ☐ Farmers market ☐ On-farm (u-pick, farm stand)
☐ Direct to restaurants or local retail stores ☐ Wholesale
☐ CSA/subscription service ☐ Processing (sold or under contract)

Please list wholesalers and processors that you ship to: _____



ORGANIC PRODUCTION SYSTEM PLAN

RECORDKEEPING SYSTEM

Check which of the following records you keep for organic production.

- | | | |
|---|---|--|
| <input type="checkbox"/> Field maps | <input type="checkbox"/> Storage records | <input type="checkbox"/> Site history sheets including |
| <input type="checkbox"/> Harvest records | <input type="checkbox"/> Material application records | material inputs (previous three |
| <input type="checkbox"/> Labor records | <input type="checkbox"/> Equipment clean out records | years) |
| <input type="checkbox"/> Sales records | <input type="checkbox"/> Clean transport records for | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shipping records | off farm shipments | |

THE NOP REQUIRES A SYSTEM PLAN UPDATE EACH YEAR. PLEASE KEEP A COPY OF THIS PRODUCTION SYSTEM PLAN AS A REFERENCE FOR UPDATING YOUR PRODUCTION PLAN IN THE FUTURE.